



**ATM ERROR RESOLUTION REQUEST**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Phone #: \_\_\_\_\_ Disputed Amount \$ \_\_\_\_\_

Transaction Type (circle one): Deposit by Cash Deposit by Check Withdrawal Payment

Account Type (circle one): Savings Checking Loan

Date of Transaction: \_\_\_\_\_ Machine Location: \_\_\_\_\_

Description of Error\* (Please print legibly): \_\_\_\_\_

**\* If you have any supporting documentation, such as a receipt generated by the ATM, or anything else that would aid in our investigation, please include it with this form.**

I certify by my signature, to the best of my knowledge, the above statement is accurate. I understand any provisional credit issued to my account can be reversed if the above statement is found to be inaccurate.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Credit Union Representative

**Accounting Use Only**

Date Received \_\_\_\_\_ Sequence # \_\_\_\_\_

Provisional Credit  803003  738000  Change Fund 7370  \_\_\_\_\_

Investigation Results: \_\_\_\_\_ Case # \_\_\_\_\_

Notes: \_\_\_\_\_

Case Close Date \_\_\_\_\_ Teller Number \_\_\_\_\_ Reversed Provisional Credit   
Y or N

Completed form may be faxed to (770) 420-3850 or emailed via secure email to [atmsupport@lgeccu.org](mailto:atmsupport@lgeccu.org).  
Questions should be directed to ATM Support at 770-424-0060 Ext 55105.